

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 567698

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		4		/		
6		0		/		
7		0		/		
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11		0		/		
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18		0		/		
19		0		/		
20		0		/		
21	/		/			
22		/		/		
23		2		/		
24		0		/		
25		0		/		
26	/		/			
27		/		/		
28		2		/		
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50						
TOTAL IND.	3	↓	4	↓		↓
TOTAL DEP.	34	←	28	←		←
TOTAL CLAIMS	37		32			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						